## 2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# S16049

Title:

Name:

Address:

City-St-Zip:

DUOS ENGINEERING (USA), INC

FILED Apr 30, 2003 Secretary of State

Entity Nam	ie: DUOS Er	NGINEERING (USA), INC.				
Current Principal Place of Business:			New Princ	New Principal Place of Business:		
6622 SOUTHPOINT DRIVE SOUTH SUITE 310 JACKSONVILLE, FL 322166188						
Current Mailing Address:			New Maili	New Mailing Address:		
6622 SOUTHPOINT DRIVE SOUTH SUITE 310 JACKSONVILLE, FL 322166188						
FEI Number: 59-3055973 FEI Number Applied For ( )		FEI Number Not Appl	icable ( )	Certificate of Status Desired ( )		
Name and	Address of C	urrent Registered Agent:	Name and	Name and Address of New Registered Agent:		
	ELL AVENUE )	RED AGENT CORPORATION	l			
The above in the State		submits this statement for the	purpose of changing i	ts registered	d office or registered agent, or both,	
SIGNATUR	E:					
	Electron	ic Signature of Registered Ag	ent		Date	
Flection Cam	naign Financing	g Trust Fund Contribution ( ).				
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	DCP ( ) ARCAINI, GIAN 7889 HUNTERS JACKSONVILLI	GROVE RD	Title: Name: Address: City-St-Zip:		( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	SICKLER, NICC	63-65, 1184 TZ OUDERKERK	Title: Name: Address: City-St-Zip:		( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	VAN KOOTEN,	AAU 2, 1213X5 HILVERSUM	Title: Name: Address: City-St-Zip:		( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	STRACH, LARE 146 WILLOWP		Title: Name: Address: City-St-Zip:	HEPP, MARI 32 GOSS RI		

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

Title:

Name:

Address:

City-St-Zip:

DVTS

TESTA, GARY J

5 MERLES LANE

STRATHAM, NH 03833

(X) Change ( ) Addition

SIGNATURE: GIANNI B. ARCAINI DCP 04/30/2003

( ) Delete

ATLANTIC BEACH, FL 32233

TRAIT, PATRICK M

10 TENTH ST